



PSEUDOEPITHELIOMATOUS HYPERPLASIA AND VERRUCOUS CARCINOMA – A CLINICAL AND DIAGNOSTIC CHALLENGE!

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INTRODUCTION

Patients with severe burns are subject to significant physiological, immunological and inflammatory insults in both the acute and chronic phases of their care. Within this milieu, chronic skin changes are inevitable and debilitating. Ulcers in burns patients typically present as flat and slowly progressing wound, typically without exophytic or papillomatosis changes. Carcinoma developing in burns scars have a propensity to form around joints as the mobility predisposes to chronic ulceration. The development of carcinomas in burns scar is delayed and reported from 10-30 years after the burn. Verrucous carcinoma, well differentiated SCC and a form of Marjolin’s ulcer, is rarely seen in burns patients.¹ A single case report has been documented in the literature reporting that a verrucous carcinoma had been misdiagnosed as a benign verrucous hyperplasia in a burns patient based on multiple punch biopsies. The specimen at the time of definitive excision was diagnosed as verrucous carcinoma.²

CASE REPORT

We present the case of a 34 year-old male who sustained 75% TBSA burns after a house fire as a 2 year old. Over a decade, he developed a chronic ulcer over his left Achilles wound, characterized by pseudo-polypoid tissue islands and progressive fibrosis. No periods of rapid growth or significant morphological change were reported. Pre-operative field incisional biopsies revealed pseudo-epitheliomatous hyperplasia without dysplastic features. The patient underwent a wide local excision of the achilles wound and soft tissue reconstruction with a latissimus dorsi free flap.

Formal histopathology unexpectedly revealed a low-grade verrucous carcinoma. He subsequently underwent re-excision of his involved margins as a complete oncological resection. Further investigation with PET demonstrated an enlarged groin lymph node that was proven reactive on biopsy.



Image 1

- Large verrucous carcinoma right achilles
1. Preoperative
 2. Latissimus dorsi free flap reconstruction
 3. Three weeks postoperative

CONCLUSION

Surgeons managing chronic burns patients must maintain a high index of suspicion in surveying patients with ulcerative skin changes. Verrucous carcinomas are locally destructive and rarely metastasize. Differentiating between pseudo-epitheliomatous hyperplastic changes and verrucous carcinoma remains a diagnostic challenge for pathologists.

Reference

1. Huang, C. Feng, C., Hsiao, Y., Chuang, S. & Yang, J., 2010, Burn scar carcinoma, Journal of Dermatological Treatment, 21:350–356
2. Aton, J.K. & Kinstrey, T.E., 1981, International Journal of Dermatology, Vol 20, Pg 359.

